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APPLICANTS

David J. Armstrong, Pullman, WA;

\*\* CONTINUING DATA \*\*\*\*\*

*None CD*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

*None CD*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance  Examiner's Signature _____ Initials _____	STATE OR COUNTRY WA	SHEETS DRAWING 5	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 2
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ADDRESS

26496  
GREENBERG & LIEBERMAN  
314 PHILADELPHIA AVE.  
TAKOMA PARK , MD  
20912

TITLE

ANIMATED DEVICE FOR A VEHICLE

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